



832 Sicotte Street, L'Anse, Michigan 49946

Fax 906-524-7533 Phone 906-524-6531

Application for Admission
Return to Business Office

This application will remain on file for a period of **1 year**, afterwhich re-application will be required.

Admission preferred: Immediately 3 - 6 months 6 - 9 months 9 - 12 months

Legal Name _____

DOB _____ Age _____ Sex _____

Home Address _____

Phone Number _____ Marital Status M S W D Sep.

Veteran (circle one) YES NO Spouse of Veteran (circle one) YES NO

Service Branch _____ Veteran # _____

Physician _____ Physician Phone # _____

Previous Nursing Home or Hospital stays:

Facility Name	Date of Admit	Date of Discharge
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include copies of the following cards:

Medicare # _____ Medicaid # _____

Social Security # _____ Do you have health insurance? _____

Insurance Company _____ Policy # _____

Do you have prescription coverage? YES NO CO-PAY

Pharmacy used _____ Phone # _____

Who pays for your prescriptions? (ie: insurance, KBIC, etc.) _____

Are you a U.S. Citizen? YES NO, if no, # of years residing in U.S. _____

